

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MASSACHUSETTS

Civil Action No. 05-11445DPW

ROBERT GRAY,

Plaintiff,

v.

TRANSPORTATION SECURITY
ADMINISTRATION, JAMES LOY IN HIS
CAPACITY AS SECRETARY OF THE
TRANSPORTATION SECURITY
ADMINISTRATION, DEPARTMENT OF
HOMELAND SECURITY, AND MICHAEL
CHERTOFF IN HIS CAPACITY AS SECRETARY OF
THE DEPARTMENT OF HOMELAND SECURITY

Defendant.

AFFIDAVIT OF HUGH DUN RAPPAPORT

I, Hugh Dun Rappaport, do depose and state as follows:

1. I am admitted to practice law in the Commonwealth of Massachusetts and represent Plaintiff, Robert Gray, in the above-captioned matter. This Affidavit is submitted pursuant to Fed. R. Civ. P. 4(f).
2. On July 15, 2005, I caused summonses and copies of the Verified Complaint in the above-captioned matter to be served by Certified Mail/Return Receipt Requested upon each Defendant, and Alberto Gonzalez, Attorney General of the United States and on August 19, 2005, I caused a summons and a copy of the Verified Complaint in the above-captioned matter to be served by Certified Mail/Return Receipt Requested upon the Civil Process Clerk, Office of the United States Attorney.

3. Attached hereto as the following exhibits are the following documents:
- Exhibit A – Return receipt card signed on behalf of Michael Chertoff, Secretary, U.S. Department of Homeland Security;
 - Exhibit B - Return receipt card signed on behalf of U.S. Department of Homeland Security;
 - Exhibit C – Return receipt card signed on behalf of James Loy, Secretary, Transportation Security Administration;
 - Exhibit D – Return receipt card signed on behalf of Transportation Security Administration;
 - Exhibit E - Return receipt card signed on behalf of Alberto Gonzalez, Attorney General of the United States, Department of Justice; and
 - Exhibit F - Return receipt card signed on behalf of Civil Process Clerk, Office of the United States Attorney.

Signed under the penalties of perjury this 24th day of August, 2005.



HUGH DUN RAPPAPORT

Ex. A

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature <i>X. James Adams</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Michael Chertoff, Secretary U.S. Department of Homeland Security Washington, D.C.		B. Received by (Printed Name) JUL 26 2005	C. Date of Delivery
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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Hugh Dun Rappaport, Esq.
Krokidas & Bluestein LLP
600 Atlantic Avenue, 19th Floor
Boston, MA 02210 Krokidas & Bluestein LLP

(2192-1)

AUG 01 2005

Ex. B

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>Frances Adams</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: U.S. Department of Homeland Security Washington, D.C. 20528		B. Received by (Printed Name) C. Date of Delivery	
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No JUL 23 2005	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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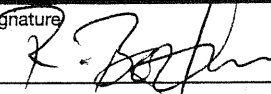

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Ex. C

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
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1. Article Addressed to: James Loy, Secretary Transportation Security Administration 601 South 12th Street Arlington, VA 22202-4220		B. Received by (Printed Name)	C. Date of Delivery
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
			
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7004 2890 0004 6332 0923	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

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(2192-1)


Krokidas & Bluestein LLP

JUL 21 2005

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Ex. D

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Transportation Security Administration 601 South 12th Street Arlington, VA 22202-4220		B. Received by (Printed Name)	C. Date of Delivery
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt	
		7004 2890 0004 6332 1241	
		102595-02-M-1540	

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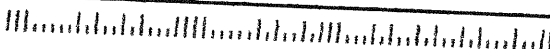
• Sender: Please print your name, address, and ZIP+4 in this box •

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Boston, MA 02210

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JUL 21 2005

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Ex. E

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
	<p>B. Received by <i>[Printed Name]</i></p>	<p>C. Date of Delivery</p>
	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>		
<p>1. Article Addressed to:</p> <p>Alberto Gonzalez Attorney General of the United States Department of Justice 950 Pennsylvania Avenue, N.W. Washington, D.C. 20530-0001</p> <p>7004-2890-0004-6332-1234</p>		
<p>2. Article Number (Transfer from service label)</p>		
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>		

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Boston, MA 02210

Krokidas & Bluestein LLP

JUL 27 2005

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Ex. F

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Civil Process Clerk
Office of United States
Attorney
U.S. Courthouse, Suite 9200
1 Courthouse Way
Boston, MA 02210

2. Article Number

(Transfer from service label)

7004 2890 0004 6332 1029

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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Plaintiff,

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ADMINISTRATION, DEPARTMENT OF
HOMELAND SECURITY, AND MICHAEL
CHERTOFF IN HIS CAPACITY AS SECRETARY OF
THE DEPARTMENT OF HOMELAND SECURITY

Defendant.

CERTIFICATE OF SERVICE

I, Hugh Dun Rappaport, hereby certify that on August 24, 2005, I served a copy of an Affidavit of Hugh Dun Rappaport, via first class mail, postage prepaid, upon the following:

James Loy, Secretary
Transportation Security Administration
601 South 12th Street
Arlington, VA 22202-4220

Transportation Security Administration
601 South 12th Street
Arlington, VA 22202-4220

Michael Chertoff, Secretary
U.S. Department of Homeland Security
Washington, D.C. 20528

U.S. Department of Homeland Security
Washington, D.C. 20528



Hugh Dun Rappaport